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NAME OF PROVIDER OR SUPPLIER ADAMSPIACE, LLC STREET ADDRESS, CITY, STATE ZIP CODE 1927 MEMORIAL BOULEVARD MURREESBORD, TN 37129 PROVIDERS PLAN OF CORRECTION (EACH DEPOLENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments Ini	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING		CTION	COMPLETED		
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During the annual Licensure survey conducted on May 9-11, 2011, at Adams Place, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes. Ion of Health Care Facilities IRATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNAFURE TITLE Administrator Compare	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY	FILL	PREFIX	(EACH	CORRECTIVE ACTION SEFERENCED TO THE A	SHOULD BE	COMPLETE DATE
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